

# **DENTAL LABORATORY RENEWAL REGISTRATION**

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## **Instruction Sheet**

- 1. Complete the Application for Renewal Registration of Dental Laboratories**
- 2. Submit \$150 renewal application fee (check or money order)**
- 3. Submit a copy of the current CDT card or certificate**
- 4. Mail to:**

KENTUCKY BOARD OF DENTISTRY  
312 WHITTINGTON PKWY, SUITE 101  
LOUISVILLE KY 40222

Fee	Date
Registration Number	
Approved By	
Renewal Approval Date	

FOR KBD USE ONLY

Rev. March 2014

## Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101  
Louisville, KY 40222  
502/429-7280  
<http://dentistry.ky.gov>

### RENEWAL APPLICATION FOR REGISTRATION OF DENTAL LABORATORIES

Please print in ink or type your responses.

Kentucky Board of Dentistry Laboratory Registration Number \_\_\_\_\_

Laboratory Name \_\_\_\_\_

Laboratory address \_\_\_\_\_  
Number & Street (PO Boxes Not Acceptable)

City	State	ZIP	KY County	Phone #
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Email address \_\_\_\_\_ Cell phone number \_\_\_\_\_

Certified Dental Technician Name \_\_\_\_\_ Cell phone number \_\_\_\_\_

OR

Supervising Dentist Name \_\_\_\_\_ License # \_\_\_\_\_

*This laboratory meets the infectious disease control requirements under Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC) of the United States Public Health Service.*

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

*As the supervising CDT/Dentist, I acknowledge that this laboratory will provide material disclosure to the prescribing dentist that contains the U.S. Food and Drug Administration registration number of all patient contact materials contained in the prescribed restoration in order that the dentist may include such numbers in the patient's record.*

Certified Dental Technician/Dentist Signature \_\_\_\_\_ Date \_\_\_\_\_

*As the supervising CDT/Dentist, I acknowledge that this laboratory will disclose to the prescribing dentist the point of origin of the manufacture of the prescribed restoration. If the restoration was partially or entirely manufactured by a third-party provider, the point of origin disclosure shall identify the portion manufactured by a third-party provider and the city, state, and country of such provider.*

Certified Dental Technician/Dentist Signature \_\_\_\_\_ Date \_\_\_\_\_